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CONFIRMATION NO. 5124

<b>SERIAL NUMBER</b> 09/717,915	<b>FILING OR 371(c) DATE</b> 11/21/2000 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> STEC-01000-us4
<b>APPLICANTS</b> Seymour A. Rapaport, Los Altos, CA; Jeffrey A. Rapaport, Sunnyvale, CA; Kent Don, Palo Alto, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/906,726 08/05/1997 PAT 6,192,112 which is a CIP of 08/581,749 12/29/1995 PAT 5,926,526 * <del>(*) Data provided by applicant is not consistent with PTO records.</del>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/09/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 66	<b>TOTAL CLAIMS</b> 108
<b>ADDRESS</b> 32605		125	24	
<b>TITLE</b> MEDICAL INFORMATION SYSTEM HAVING INTERACTIVE MESSAGING INTERFACE				
<b>FILING FEE RECEIVED</b> 2162	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	